



Utility Servicing Request Form

Account Number : \_\_\_\_\_ Date: \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number : \_\_\_\_\_

Other Information : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	Date(s) Requested	Date Scheduled
Water Reconnection (\$25) :		
Temporary Shut off (\$25) :		
Thawing (\$30) :		

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

<b>Office Use Only</b>	
Received by : _____	
Date Received : _____	Date Contacted : _____
<small>***To be filled in House Connection's In Engineering Department with applicable documentation***</small>	

\*Fees are according to Water and Sewer rates By-law No. 4421